

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

097937433

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3		2		1		
4		6		1		
5		6		1		
6		6		1		
7		6		1		
8		6		1		
9		6		1		
10		6		1		
11		6		1		
12		6		1		
13		6		1		
14		6		1		
15	1		1			
16		1		1		
17		1		1		
18		3		1		
19		6		1		
20		6		1		
21		6		1		
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50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		↓	19	↓		↓
TOTAL CLAIMS			21			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS